



Application for Employment

City of St. Charles
Human Resources Department
2 E. Main St.
St. Charles, IL 60174
Fax: (630) 377-4901
Website: www.stcharlesil.gov

It is the policy of the City of St. Charles to provide all persons equal employment opportunities. This policy prohibits discrimination because of race, color, religion, national origin, ancestry, age, sex, marital status, or physical or mental impairments unrelated to ability to perform essential job functions. We welcome you as an applicant for employment.

All information contained in or connected with this application will be considered personal and confidential and used only in conjunction with your possible employment by the City of St. Charles. Please furnish us with COMPLETE information as outlined in this application. Incomplete applications will NOT be considered. You are encouraged to attach any additional information, which you believe relates to your qualifications for the position for which you are applying.

Please print in ink.

Position(s) Applied For: _____

Date of Application: _____

Name _____
Last First Middle

Address _____
Street City State Zip

Telephone Number: (____) _____

Date available for work: _____

Type of employment desired: ☐ Full-time ☐ Part-time ☐ Temporary
☐ Summer ☐ Educational Co-op/Internship

Referral Source:

- ☐ Community Service Line
☐ Walk-In
☐ Employment Agency Name: _____
☐ Relative's Name: _____
☐ Newspaper Name: _____
☐ Periodical Name: _____
☐ Website: _____
☐ Other Source: _____

If necessary, best time to call you at home is :_____ AM/PM

Have you filed an application here before? ☐ Yes ☐ No
If yes, give position applied for: _____

Have you ever been employed here before? ☐ Yes ☐ No
If yes, give dates From ____ / ____ / ____ To ____ / ____ / ____

Is any of your employment data under a different name? ☐ Yes ☐ No _____

Are you legally eligible for employment in this country? ☐ Yes ☐ No
(Proof of U.S. Citizenship or Immigration status will be required upon employment.)

Are you on lay-off subject to recall? ☐ Yes ☐ No

Have you been convicted of a felony? ☐ Yes ☐ No
(Such conviction may be relevant if job related, but does not bar you from employment.)
If Yes, please explain: _____

Do you have a valid driver's license? ☐ Yes ☐ No
Do you have a valid Commercial Driver's License (CDL)?..... ☐ Yes ☐ No

Education

School	Years Completed	Degree/ Diploma	GPA/ Class Rank	Major	Minor

References

List name and telephone number of three **business/work** references that are not related to you and are not previous supervisors. If not applicable, list three school or personal references that are not related to you.

Name	Telephone Number	Years Known
<input type="checkbox"/> Business <input type="checkbox"/> School <input type="checkbox"/> Personal	()	
<input type="checkbox"/> Business <input type="checkbox"/> School <input type="checkbox"/> Personal	()	
<input type="checkbox"/> Business <input type="checkbox"/> School <input type="checkbox"/> Personal	()	

Employment History

List your last four (4) employers, assignments or volunteer activities, starting with the most recent, including military experience. Explain any gaps in employment in the comment section below.

Employer	Telephone ()	Dates Employed		Summarize the nature of the work performed and job responsibilities
		From	To	
Address				
Job Title	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Non-Exempt <input type="checkbox"/> Exempt	Hourly Rate/Salary		
		Starting		
Immediate Supervisor and Title		\$	Per	
Reason for Leaving		Hourly Rate/Salary		
		Final		
May we contact for Reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$	Per	

Employer	Telephone ()	Dates Employed		Summarize the nature of the work performed and job responsibilities
		From	To	
Address				
Job Title	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Non-Exempt <input type="checkbox"/> Exempt	Hourly Rate/Salary		
		Starting		
Immediate Supervisor and Title		\$	Per	
Reason for Leaving		Hourly Rate/Salary		
		Final		
May we contact for Reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$	Per	

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		Final		
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Immediate Supervisor and Title		\$	Per	
Reason for Leaving		Hourly Rate/Salary		
		Final		
May we contact for Reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$	Per	

Comments (including explanation of any gaps in employment) _____

Skills and Qualifications: Summarize special skills and qualifications acquired from employment or other experiences that may qualify you to work for the city. _____

Please Read Carefully:

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. I understand that falsified statements or omission of facts on this application shall be considered sufficient cause for termination of employment or cancellation of application.

I understand and agree that the City of St. Charles is hereby authorized to make inquiries concerning my character, employment record and other matters concerning my possible employment. I further understand that such inquiries will include checking police records for convictions. I hereby release from liability the employer and its representative for seeking such information and all other persons, corporations or organizations for furnishing such information. I understand that I may request reasonable accommodation if needed, due to disability, in order to participate in the overall application process.

This application is current for 3 months from the date it was submitted. At the conclusion of this time, if I have not heard from the City and still wish to be considered for employment, it will be necessary to complete a new application.

I understand the filing of this application or participation in an interview in no way constitutes an employment contract between the City of St. Charles and me. I acknowledge the right of the City of St. Charles to make changes in policy and benefits where not specified or covered by contract without notice.

I understand that any offer of employment is conditional upon the successful completion of a background check, drug screen and/or physical exam. Should I become employed, I agree to conform to all rules and regulations of the City of St. Charles. I understand that I have the right to terminate my employment at any time and the City of St. Charles retains the same right.

Signature of Applicant: _____

Date: _____